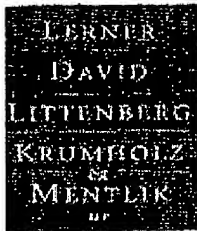


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TO:	FAX NUMBER	VOICE NUMBER
WILBERT STARKS	703-746-7239	703-305-0027

FROM:	FAX NUMBER	VOICE NUMBER
JODI LANG	(908) 654-7866	(908) 518-6418

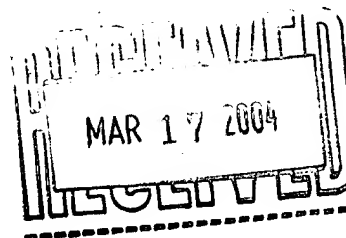
Date: 11/14/03 No. Pages: 3 (INCLUDING COVER)

Client/Matter No: GOE/1

Original Mailed: Yes ☐ No ☒

● **MESSAGE:** Further to our telephone conversation of today, enclosed please find a copy of our Petition to Withdraw as Attorney for 09/970,610. Additionally, we are enclosing a copy of the return postcard indicating receipt in the U.S. Patent and Trademark Office on 9/15/03. Kindly process our Petition at your earliest convenience. We await receipt of confirmation that our Petition was granted.

429404_1.DOC



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Via: First Class Mail

Atty Docket No.: VERACE 3.0-010 CONT

Due Date:

Title: NEURAL NETWORK ASSISTED ULTI-SPECTRAL SEGMENTATION
SYSTEM

Application No.: 09/970,610

Documents Filed:

Request for Withdrawal as Attorney (1 page) in triplicate



Sender's Initials: MJM/bla
451068

Mailing Date: September 11, 2003

Approved for use through 11/30/2003. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/970,610
	Filing Date	October 4, 2001
	First Named Inventor	Ryan Raz
	Art Unit	2122
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	VERACE 3.0-010 CONT

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Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: that the client, Veracel, Inc. (assignee herein) has failed to pay one or more bills rendered by undersigned practitioner for an unreasonable period of time (37 C.F.R. 10.40(c)(1)(vi)). Outstanding balances due undersigned counsel remain unpaid.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☐ Firm or Individual Name **VERACEL INC.**

Address **59 Adelaide Street, East, 4th Floor**

City **Toronto** State **Ontario** Zip **M5C1K9**


Country **Canada**

Telephone **416-361-6232** Fax

☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **000530**

This request is enclosed in triplicate (including any attachments).

Name **Marcus J. Millet**

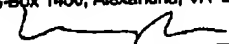
Signature  Registration No. **28,241**

Date **September 11, 2003**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 11, 2003 Signature:  (Marcus J. Millet)